



STATE OF MARYLAND

Department of Health and Mental Hygiene
Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - John M. Calmers, Secretary

DHMH

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue • Baltimore, Maryland 21215-2299
Michael N. Souranis, Board President - LaVerne G. Naesea, Executive Director

REPOSITORY/DROP OFF SITE INSPECTION FORM

Corporate Pharmacy Name _____
Pharmacy or Healthcare Facility Name - Doing Business as (d/b/a) or Trade Name _____
Street Address _____
Business Telephone Number _____ Business Fax Number _____
Inspection Date: _____ Arrival Time _____ Departure Time _____
Type of Inspection: Annual Follow-up Previous Date: _____
Name of Inspector: _____

A. GENERAL INFORMATION- Drop Off Sites

Maryland Pharmacy Permit Number _____ Expiration Date: _____
CDS Registration Number _____ Expiration Date: _____
DEA Registration Number _____ Expiration Date: _____

1. Yes No

☐ ☐ The pharmacist or other health care practitioner verifies that no ineligible prescription drugs or medical supplies are being dropped off or donated.

2. Yes No

☐ ☐ The permit holder has, and is using proper forms used to donate a prescription drug or medical supply and containing the following statements:

Yes No

- ☐ ☐ That the donor is the owner, or the owner's representative, of the prescription drug or medical supply;
- ☐ ☐ That the donor intends to voluntarily donate the prescription drug or medical supply to the Program and
- ☐ ☐ The date and signature of the donor or the donor's representative.

3. Yes No

☐ ☐ The permit holder maintains a secure separate inventory area for donated medications that may only be accessed by the pharmacist or other health care professional who has been assigned the responsibility to accept donated drugs.

4. Yes No

☐ ☐ The permit holder maintains records required by this Program for a minimum of 5 years including: inventory, donor forms.

Comments: _____

